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1805 Feb 25th

Hepatitis

#8

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Mr George 235 Market St

B Jones - Pa

Benj: Jones Pennock  
admitted March 6th 1820 -







## On Hepatitis.

Hepatitis is known by pyrexia, pain in the right side, sometimes very acute as in pleurisy, at other times dull, pain in the clavicle & right shoulder, difficult respiration, uneasiness in laying on the left side, dry cough, vomiting, and frequently a considerable degree of jaundice.

This disease is divided into two kinds, by the Acute and Chronic - The former is attended with all the marks, indicating genuine inflammation, while the latter often exists without shewing such violently inflammatory symptoms, and often, for some length of time, without being much complained of by the patient.

The causes of hepatitis, are generally similar to those which give rise to other cases of inflammation, such as cold externally or internally applied, violent exercise, violent summer heats, hence one source of its frequency



in warm climates, external violence and especially of that kind producing injuries of the brain, protracted cases of intermittent and remittent fevers, suppression of customary evacuations, intense study, intemperance in the use of ~~too~~<sup>too</sup> of vinous or of spirituous liquors & particularly the latter, and solid concretions in the substance of the liver. A depraved condition of the stomach is said to give rise to hepatitis; It is probable however, that dyspepsia often exists as the consequence than as the cause, of diseases of the liver.

Acute hepatitis may be known by a pain in the right hypochondrium more or less acute, augmented by pressure, and extending to the clavicle and shoulder commonly of the right side, but sometimes of the left, attended with chilliness, cough mostly dry; difficulty of respiration & of laying on the left side, often attended with



nausea and vomiting of bilious matter; bowels generally constipated, and stools of a clay colour, urine small in quantity and of a saffron colour; loss of appetite, thirst and a full, frequent & hard pulse; skin hot and dry, & the tongue covered with a white or yellowish coloured fur: Sometimes in a few days the skin & eyes become tinged of a yellowish hue, which probably only takes place where the biliary ducts are obstructed by calculous concretions, inspissates bile or spasm, and the bile which is secreted, is thereby prevented from passing through them into the intestines.

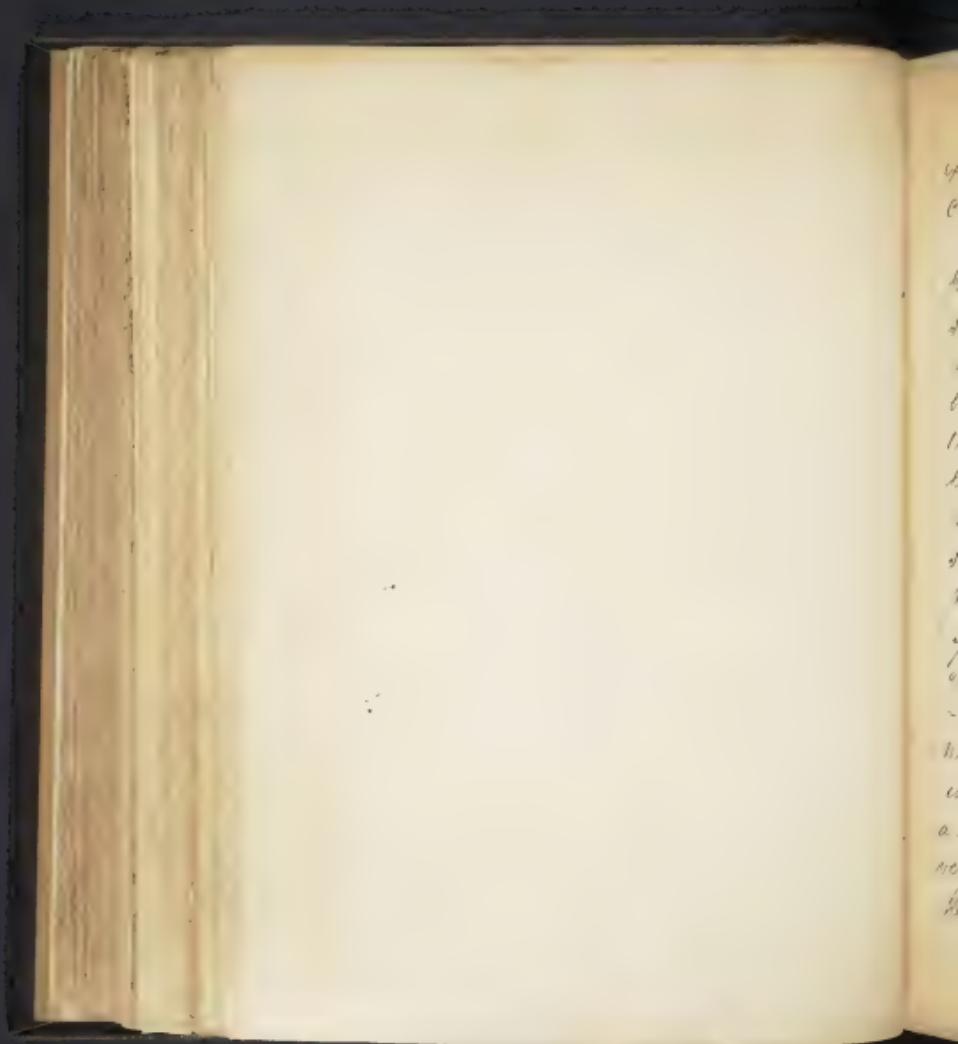
Blood drawn in this complaint, exhibits a thick buff coat approaching to a greenish hue. I think I have seen a thicker buff coat on blood drawn in this disease than in any other I have witnessed.

All the symptoms mentioned above as



indicating relapsis, as not occur in acute in-  
stances, nor with the same degree of violence.  
The pain in some cases is violent, in others  
mild. In some the pain in the shoulder  
& side is distinct, in others it is scarcely  
separable. In one case I knew the pain in  
the shoulder was greater than in the side  
there was little or none existing.  
On examination, the hyperaemic region  
was, until somewhat swollen, & pain was  
excited by pressure. In one acute case of  
considerable violence, when succeeded  
chronic relapsis, there was but little  
augmentation of pain in the side, and a  
total absence of it in the shoulder - Ed.  
note. -

Ab. to fair is due, the due ex-  
citement of the bone is subjoined  
to object, & not in acute the surface is  
the seat of the action, which is still



extending to the diaphragm & lungs, producing cough.

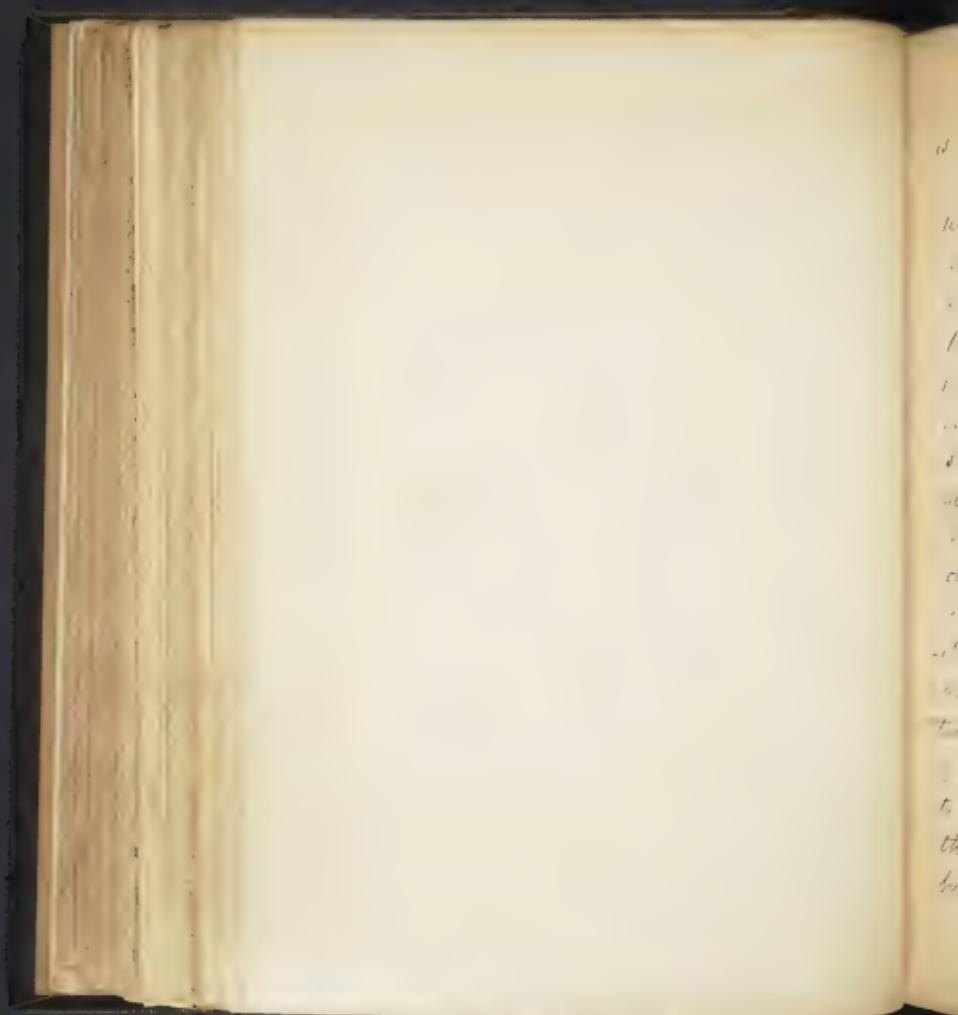
Hæmatitis may be distinguished from pneumonia, by the synæsthetic pain in the shoulder by the shallow or junctional appearance of the countenance by the respiration being increased on inspiration, which does not take place in pneumonia, & by the less frequent cough & difficulty of respiration.

From Gastritis by the same feeling in the shoulder less irritation of stomach a fuller pulse & less irritability of stomach, from spasm of the gall ducts, by the patient generally feeling no nausea, constant pains & lasting easiest in a straight position: whereas in spasm of the ducts the most ease is obtained in a bent posture. - *i.e.* a man who was sometimes affected with very painful spasms of the gall ducts, found relief in no position except with



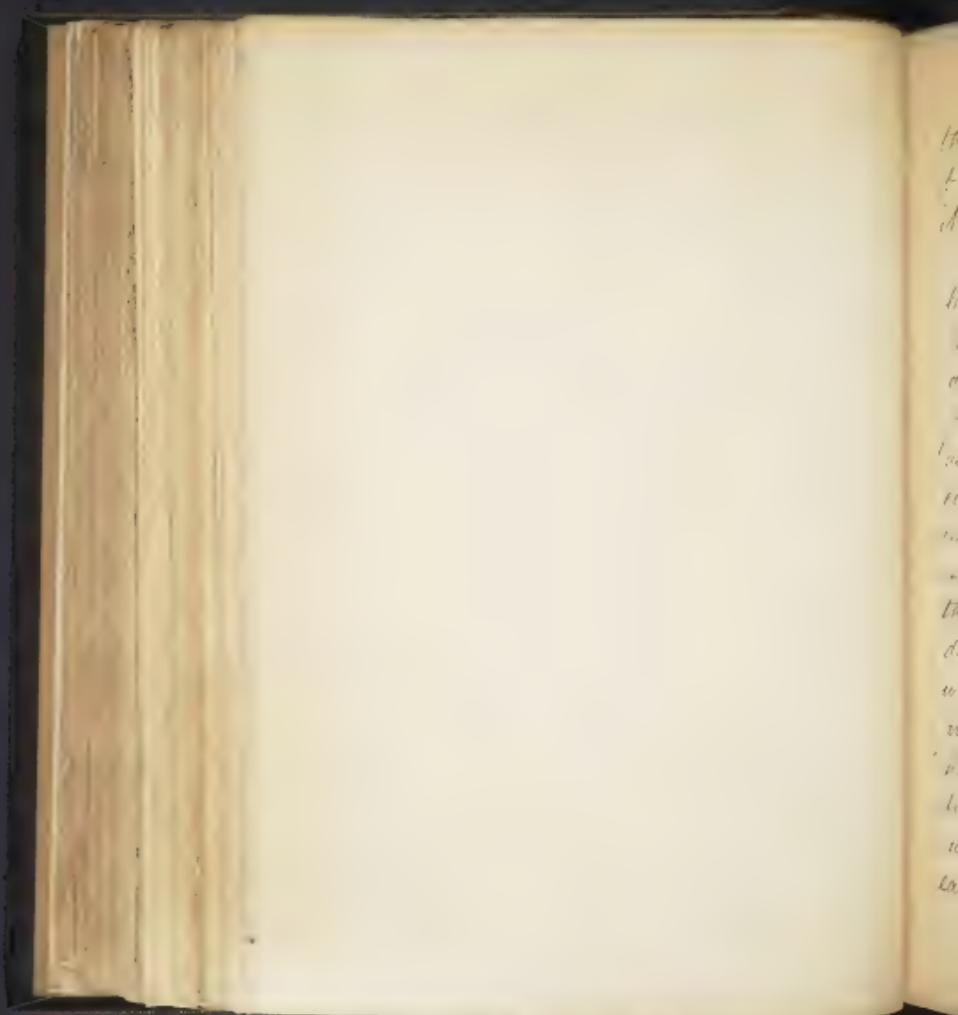
his body bent over the back; a chair, stig  
is where nigr. on his right side.

The terminations of hydrocephalus differ in  
no respect from those of other inflammations;  
there may be an excretion, suppuration, con-  
cretion or stenosis. Terminations in convales-  
cence said to be rare, & that of stenosis, from  
no chronic obstructions, more common. In  
warm climates the tendency to suppuration  
is greater than in more temperate regions  
it sometimes occurs in the latter. There is  
no definite time however in which sup-  
puration will take place, as it is more  
influence by the country's climate & degree  
of inflammation. This disease is sometimes  
carried off by hemorrhage from the nose or  
haemorrhoidal tumors, by cohæsive sneezing,  
viscous diarrhea & by a cohæsive deposition  
of sediment in the urine, transsulcations or  
Inflammation a Shining in semi external part



is said to have arrested it.

A gradual abatement of the fever, resolution of the exudation, diminution to nothing natural, and a complete disappearance of the disease. In these cases the type of disease union, and to stop the skin will be very pale and frequent rashes, due to the absence of sublimation or a cessation of pain sense, slight or the most violent, there being fluster of the face, faint smells or other heretic sensations, as well as of the body, particularly the face, flaccid, cold extremities, cold sweat, etc., sinking skin are indications of gangrene. When sublimation has actually taken place the contents of the abscess may be discharged or return to the neighboring parts, either spontaneously from the stomach producing frequent evacuations by vomiting & stool, or into the cavity of the

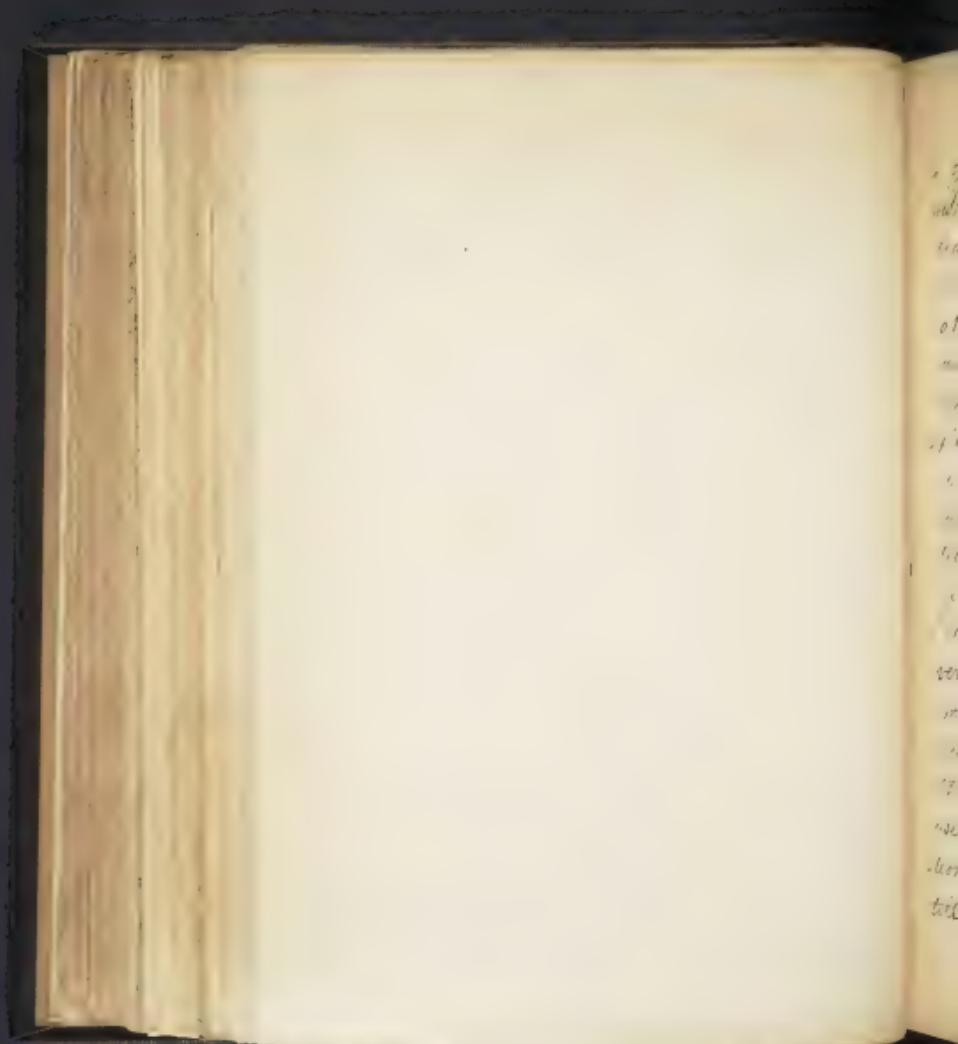


thorax, a moderate violent expectoration. When it discharges into the cavity of the abdomen it moves lateral.

Venesection, in proportion to the violence of the inflammation, is of primary importance in Acute Inflammation. The quantity drawn should be regulated by the pain, pulse & degree of fever & cæsation as often as the symptoms may require. In one case I knew ten hours of blood to be drawn in twelve days; on every day of the disease except the fifth & sixth, as where as the patient was not visited venesection was demanded by the symptoms. The rule here was the minima standard, regulating the practice as there was but little heat, & the heat of the skin was not great. After drawing from twelve to sixteen or eighteen ounces the pulse would be reduced, but on each succeeding day the demands were



-section appears as urgent as before. Under this re-lated depletion, the patient retains considerable strength, which I think tends to prove that we need not withhold the en-cit in advanced stages of acute inflammation, merely because the disease is alleviated, but that we may give without refer-ence to its continuance, if the symptoms demand it. After bleeding in due quantities cathartics must be given. Calomel and jalap or calomel with an infusion of senna are recommended. When there still remains some fever & pain in the right side after giving of bloodletting, as in the case, it is a certainty that disease exists in the old membranes, and it is necessary to give "tincture" has been reduced to some extent the disease one is in a weak state, & is considered as most eligible to trust alone to topical bleeding; but then the patient



is of a delicate habit & vigorous constitution,  
with a wise & firm mind. The case will  
bear holding a great amount of convales-  
cence. Dr Patchell would have been  
at once. I suppose it may be an  
advantage in some cases  
as a section cannot be salutary to the same  
extent as an more benignant ones.

As in the malignant tertian measures  
diaphoretics may be resorted to after convales-  
cence has been carried to a high extent, if  
given before, they add to the distress of the  
patient. The antimonials, relaxations however  
very well & if occasion the same & the  
muss also be used. Blister should be ad-  
ministered in the right proportion, bearing  
in some recaution with regard to their  
use as there be observed in the administra-  
tion of diaphoretics, seem to apply them when  
the tertial action is reduced by other means.



1 this practice is not observed, the pulse will  
under the conditions be at first uncom-  
estable, & will then give no evidence of reduction  
of the disease; this is an unadmitted infi-  
-trance to having them open or pulsating con-  
-tinually. The antiphlogistic regimen or the  
treatment is to be carried on especially  
upon the pulse symptoms are seen; the bou-  
-ils are to be kept open throughout the complaint  
& the main bath & irrigation may be used.

It is advised to postpone the use of mer-  
curies until the pulse symptoms have been  
reduced by direct diaphoresis; this is probably  
the most correct practice, but I have seen a  
few severe cases where the mercury was given  
ear from the commencement to the disease,  
without waiting for the reduction of the  
pulse & other febrile symptoms, - Salivation  
was produced and the patients recovered with-  
out sustaining any manifest injury from this

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plan of treatment. It was the plan of the  
late Dr Mistar to give calomel in the first  
stage of this disease with a view of obtaining  
its salivant effects without regard to the  
state of the arterial system, at the same <sup>time</sup> not  
making use of correction moral & physical, this  
being the - He alleged that introducing the  
mercurius into the system under those circum-  
stances ~~that~~ the salivant effects of the medi-  
cine would be obtained as soon as inflamma-  
tory action was reduced or in other words the  
system brought down to the point of sali-  
vation, one that the time was saved which  
must have necessarily elapsed between the re-  
duction of febrile action & the production  
of salivation under the opposite mode of  
treatment. Dr Rush opposed this view  
saying it was like fighting one hand  
against the other that it was stimulating  
one depletion at the same time - The



which of Mr Chapman drawn from his ex-  
perience is, that in ordinary cases of not  
great violence mercury may be given early  
but in cases of high inflammation active  
emetic salivation should precede the use  
of mercury.

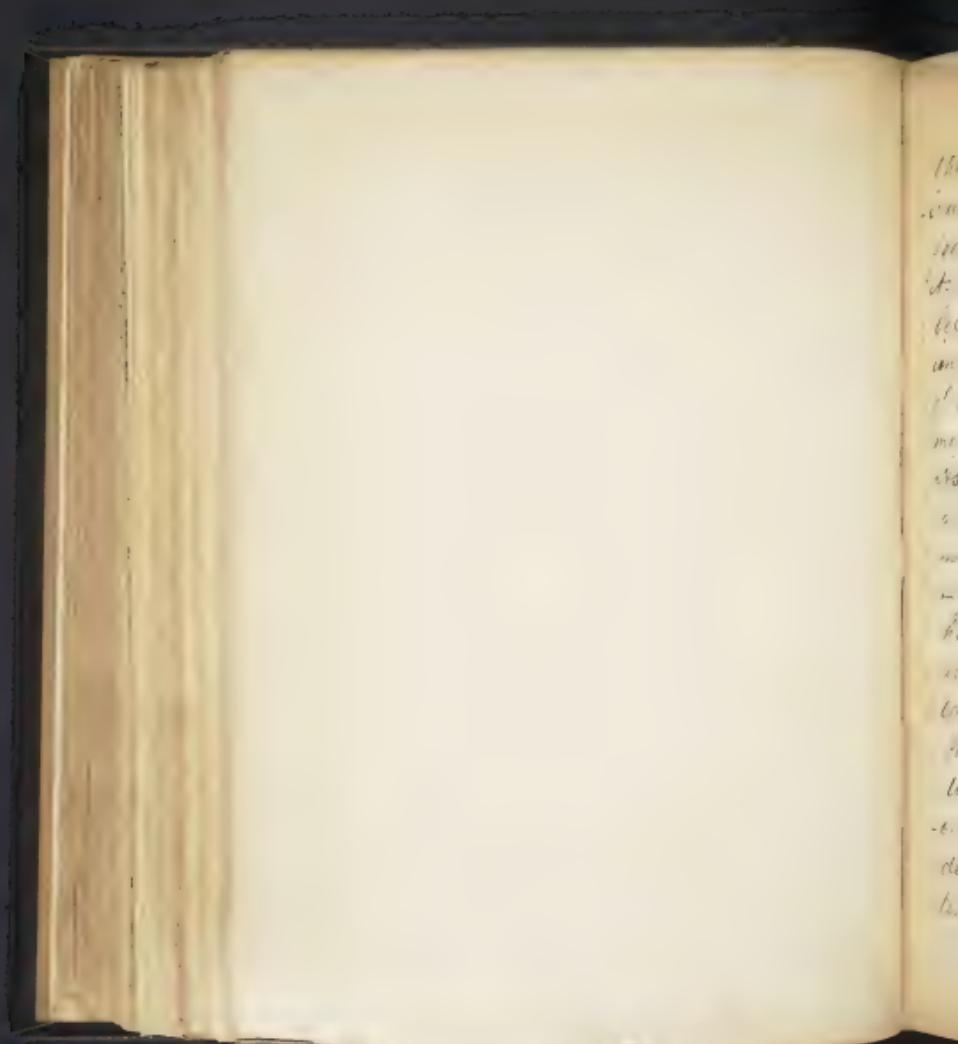
It is not thought necessary to carry the  
salivation to any great extent, except where  
there remains a desire of pain, & uneasiness  
in the region of the boil; a moderate sali-  
vation should then be continued for some  
weeks. Then notwithstanding all our reme-  
dies salivation is about failing, since, it is  
super to relinquish the deobstetric measures  
and have recourse to bark, wine and a gen-  
erous diet to promote the formation of heat-  
the pus, & incisions should be applied to  
the side in order that the abscess may  
air externally.

Cham. 16, oilis is known by a his-



more seen in the right side with a slight  
rise in the Shoulder 1/8 of an inch, in associa-  
tion indigestion, constipation, flatulence, clay col-  
oured stools, soiling of the skin and eyes, high  
coloured urine and some difficulty of breathing.  
These symptoms however are often so mild as  
not to be complained of by the patient and  
a thermometer has taken place, or conformed to  
dissections, without there being any reason to  
suspect it from the vivisection of the patient.

The most effectual cure for chronic  
hepatitis is the continuall use of mercury,  
which however should be preceded by the  
use of the lancet if the symptoms demand  
it. Few, from <sup>2</sup> the disease as at others  
as most it is, is too offend with considerable  
arterial action, which renders resection  
one of our preliminary resources; in robes  
constituting this operation may be repeated  
by us in with advantage. Mercury should

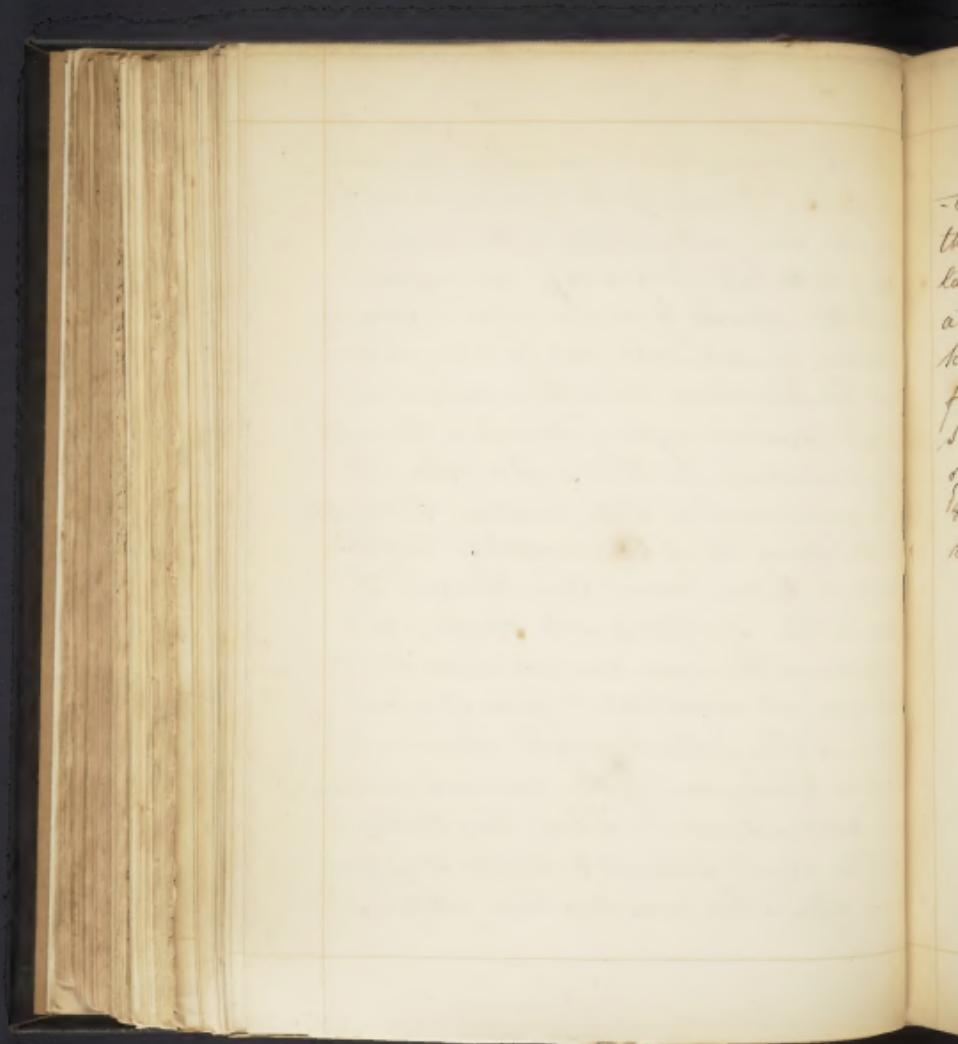


then be administered until a moderate sa-  
vination is excited which should be kept up  
for several weeks: the symptoms require  
it: if however the patient's strength should  
become exhausted in this continued mercurial  
intumescion, it is advised to withdraw the use  
of it, medicine for a time, and again recom-  
mence & continue it as long as required.

As an auxiliary, usually blisters to the side  
are beneficial or what is still more recom-  
mended, is, the use of a seton or an issue,  
particularly the former. Nitric acid  
has been employed in this form of syphilis,  
and is considered as a good substitute in those  
cases where the mercury cannot be given,  
from some peculiarity in the patient's consti-  
tution, or where there is a scrofulic tenes-  
-m. Would it not be a good tonic in those  
debilitated states of the system which so of-  
ten exist after the ravages of the acule or

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chronic forms of this complaint! The express  
juice of the dandelion (Leontodon Taraxacum) has  
also been given in this disease to the amount of  
one gill to half a pint a day. In one case I  
knew the infusion to be given where bleeding,  
blistering & a salivation had failed to remove  
all the symptoms, there still remained a  
slight pain and degree of soreness in the right  
hypochondrium for three or four weeks after  
the employment of those remedies. A draught  
of the strong tea of the dandelion was di-  
-mined to be taken several times through the  
day & the symptoms soon ceased. This  
article in this case was used under circum-  
-stances not calculated to give it a fair  
trial, as the patient might have recov-  
-ered in consequence of the remedies previous  
-ly administered. Setons long continues  
on the right side to Caldwell says have  
cured after other remedies had failed.



Those who are so unfortunate as to be afflic-  
-ted with this complaint must abandon  
the excesses of the bowl and table, avoid  
late hours, & have study, and must lead  
a temperate life free from excesses of every  
kind. Moderate exercise should be used &  
flannel worn next the skin. The bowels  
should be kept regular, without the use  
of medicine if possible, if not rhubarb  
& castile soap should be given as the best  
remedy for effecting this end.

